

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1							
2		1						
3		1						
4		1						
5		1						
6		1						
7		1						
8	1							
9	1							
10		1						
11		2						
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TOTAL IND.	3							
TOTAL DEP.	10	↓	↓	↓				
TOTAL CLAIMS	13	██████████	██████████	██████████	██████████	██████████	██████████	██████████

CLAIMS		TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS	
1	2	3	4	5	6	7	8